as defined in ALA CODE 7-9-105(n).	No. of Additional Sheets Presented: 0	This FINANCING STATEMENT is presented to a Fi filing pursuant to the Uniform Commercial Code.	ising Officer for	
Return copy or recorded original to:		THIS SPACE FOR USE OF FILING OFFICER Date, Time, Number & Filing Officer		
FIRST NATIONAL BANK OF SHELBY COUNTY		Date, time, ratios at time a trial		
P. O. BOX 977				
COLUMBIANA, AL 35051				
Pre-paid Acct. #			*	
2. Name and Address of Debtor	(Last Name First if a Person)		_{म्म} न्द ,'''र'')	ام اسانا±
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2A. Name and Address of Debtor (IF ANY)	(Last Name First if a Person)		44	
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Social Security/Tax ID#	·			
☐ Additional debtors on attached UCC-E		FILED WITH:		
3. Name and Address of Secured Party		4. Name and Address of Assignee of Secured Party	(IF AN	Y) **
FIRST NATIONAL BANK OF SHELBY COUNTY P. O. BOX 977				
r. u. dua 8//				
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